

Thank you Chairman Kesto and members of the committee for the opportunity to speak today. My name is Christina Harvey, I am the Health Consultant at Oakland Schools and I am speaking in support of house bills 5785 and 5791.

My role at Oakland Schools is not unique to our ISD, I am part of an existing infrastructure of Regional School Health Coordinators (RSHCs), typically housed in intermediate school districts, who provide training and technical assistance to teachers implementing health education, including sex education, and we cover every district in the state.

Serving our districts in that capacity I know it is important that we include, sexual assault and dating violence in a comprehensive health education program. In the state of Michigan, we survey youth to assess their risk and protective factors related to health. That state data shows us:

- 8.2% of our high school students that dated in the last 12 months, report experiencing physical dating violence within that time.
 - *Defined as counting being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey (Source: CDC YRBS 2017).*
- There is also a disparity that exists amongst our female and male high school students.
 - 17.5% of females who dated in the last 12 months, report experiencing Sexual Dating Violence versus 5.9% of boys.
 - *Defined as counting kissing, touching, or being physically forced to have sexual intercourse when they did not want to by someone they were dating or going out with one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey (Source: CDC YRBS 2017).*

Locally, many of the districts that I work with are aware of these statistics and have already been addressing sexual assault and dating violence prevention in their health education courses, as are many districts throughout the state.

For example, I train local school staff on The Michigan Model for Health curriculum, which already includes modules in middle school and high school that address healthy relationships, touch on consent, and sexual assault prevention.

Statewide that curriculum is used in 87% of Michigan school districts. These modules are evidence-informed and have documented impact. They are developed collaboratively with content experts (MDHHS) and instruction experts (MDE) and informed by other key stakeholders (MCEDSV for sexual assault).

Some background relevant to HB 5785:

- School districts must teach about preventing dangerous communicable diseases (380.1169) but sex education is optional (380.1507 and 380.1507b). If they opt to implement sex education,

there is a prescribed process, including a sex education advisory board for approval of all materials/content, and parents can opt their children out of the instruction.

- In Michigan, sex education must be taught by someone qualified to teach health (§380.1507(5)), therefore it occurs within the context of a health education course. Currently, majority of Michigan high schools implement health education in grades 9 or 10. With this legislation specifying “pupils in grades 11 and 12” for only the proposed (l) and (m) additions, there are some concerns around the ease of incorporating this content as it would make most districts have to add or restructure the way they currently offer their high school health course.
- Currently, most of our districts teach content related to sexual assault and teen dating violence prevention outside of the sex education unit of a health education course and these topics are viewed as prevention topics under Social Emotional Health and Safety for our youth.

One concern would be this legislation adds more content to a subject that is optional, making it less likely that districts would choose to offer the optional sex education, and more likely that they would opt to implement only the required HIV prevention education.

In conclusion, we support this legislation but would ask for changes to the 11th and 12th grade requirement and a discussion about the implications for requiring such important topics in an optional content area.

Thank you, Chairman Kesto. I’m happy to answer any questions.

Christina Harvey, Health Consultant

Oakland Schools

248.209.2413

Christina.harvey@oakland.k12.mi.us